



Sunny Faces Day Care, 30 Harefield Drive, Etobicoke ON, M9W 4C9 (416 744 0778)

Parent Anaphylaxis Alert Form

Child's Name:	Centre Location:
Known Allergen(s):	

Place photo here

SIGNS AND SYMPTOMS of an anaphylaxis reaction can include:

- | | |
|--|--|
| <input type="checkbox"/> Tingling, itchiness or metallic taste in the mouth | <input type="checkbox"/> Wheezing, hoarseness, hacking cough |
| <input type="checkbox"/> Watery eyes and nose, sneezing | <input type="checkbox"/> Nausea, vomiting, stomach pain and/ or diarrhea |
| <input type="checkbox"/> Hives, redness, generalized flushing, rash, itching | <input type="checkbox"/> Dizziness, unsteadiness, drowsiness |
| <input type="checkbox"/> Swelling of eyes, ears, lips, tongue, face and skin | <input type="checkbox"/> Fall in blood pressure |
| <input type="checkbox"/> Itchiness or tightness in throat, choking, tightness in chest | <input type="checkbox"/> Loss of consciousness |
| Other: _____ | <input type="checkbox"/> High Risk for severe reactions |
| Other medical conditions besides anaphylaxis allergy: _____ | <input type="checkbox"/> Child self carries |
| | <input type="checkbox"/> Child is able to self-administer |

***Only a few symptoms may be present, severity of symptoms can change quickly. Some symptoms can be life-threatening.**

WHAT TO DO

1. Sunny Face staff member to inject EPINEPHRINE in thigh using (check one):

- | | |
|--|---|
| <input type="checkbox"/> Epi-pen Jr. (0.15 mg) | <input type="checkbox"/> Twinject (0.15 mg) |
| <input type="checkbox"/> Epi-pen (0.3 mg) | <input type="checkbox"/> Twinject (0.3 mg) |

2. Storage Instructions: _____

Additional Instructions (If a second dose needs to be administered (i.e. second Epi-pen, please indicate this and at what time interval)

I understand that after giving the medication the staff of Sunny Faces will be required to call 911 and request an ambulance. I understand once this is done the staff will attempt to contact a parent/ guardian. In the event that staff is unable to contact the parent /guardian they will call emergency contacts. I also understand that while the centre will attempt to minimize the risk to the known anaphylaxis allergen, it is not possible to guarantee the environment is free of it.

I have reviewed the above instructions and have demonstrated how to administer the medication to the Sunny Faces Supervisor and /or Designate.

Parent/Guardian or Physician Signature

Date

Supervisor Signature

Date



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<p><u>Parent/Guardian 1</u></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p><u>Parent/Guardian 2</u></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p><u>Emergency Contact:</u></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p>	Place photo here
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Anaphylaxis Alert Form - Parent Annual Review

Please sign below acknowledging that you have reviewed the **Anaphylaxis Alert Form** for your child and that you have fully trained the Sunny Faces Day Care Supervisor how to administer the prescribed medication to your child in case of an anaphylactic emergency. Please note if there are any changes to the treatment since the previous year, a new **Anaphylaxis Alert Form** will need to be completed.

*This form is completed after the first year and then on annually basis.

Parent Name	Date D/M/Y	Initial	Parent Name	Date D/M/Y	Initial